Approved for use through 11/36/2011. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

WITH A NEW POWER OF ATTORNEY  AND	Patent Number	7,435,254
	Issue Date	October 14, 2008
	First Named Inventor	Paul F. Chouinard et al.
	Title	Braided Endoluminal Device Having Tapered Filaments
CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	00-0015US03

1625								
I hereby revoke all previous powers of attorney given in the above-identified patent.								
	A Power of Attorney is submitted herewith.							
OR								
	I hereby appoint Practitioner(s) asso	ociated with the follow	ing Customer	Number as my/our				
	attorney(s) or agent(s) with respect	to the patent identified	d above, and to	o transact all business in	54953			
OR	the United States Patent and Trade	mark Onice connected	d therewith:		0.,00			
	I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified							
	above, and to transact all business in the United States Patent and Trademark Office connected therewith:							
	Practitioner(s) Name							
}	1.400.00.00.00.00.00.00.00.00.00.00.00.00		Registration Number					
[								
			-	······································				
			<del></del>					
Please recognize or change the correspondence address for the above-identified patent to:								
X	The address associated with the above-r	mentioned Customer Nur	mber.					
OF	₹	2 <del></del>	***					
	The address associated with Customer N	lumber	-					
U OF		idifiber.						
	Firm or	<u> </u>						
Individual Name								
Addres	s							
City			State	Zip				
Country	У	· · · · · · · · · · · · · · · · · · ·		<u> </u>	1			
Telepho	one		Email					
I am the	e:				*			
	Inventor, having ownership of the patent.							
OR								
	Patent owner. Statement under 37 CFR 3.73(b) (Form F	OTO/CB/061 cubmitted he	Section of					
					· · · · · · · · · · · · · · · · · · ·			
Signature Signature Date 5/17/2010								
Name	and the		Date <u>5/</u>	17/2010				
	Victoria	Poissant		Telephone 66-	<u>949-4553                                   </u>			
Title and Company								
NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of4 forms are submitted.								

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.